SALESMAN SAMPLES FROM STOCK REQUEST

MUST HAVE THREE (3) WORKING DAYS PRIOR NOTICE PLEASE LIST ONLY ONE VENDER/SUPPLIER PER FORM

FAX: 307-777-6255 ATTN: LANA OR Email to: eliquoradmin@state.wy.us

DATE:				
SALES REP NUMBER:				
SALES REP NAME:				
VENDOR NAME:				
SHIP TO:	(Retailer Name & Cust#)			
PICK UP:	(Will Call Date & Time)			
DATE YOU NEED REQUEST BY:				
REASON FOR REQUEST:*				

*REASON FOR REQUEST:

- 1. LICENSED RETAILER SAMPLING
- 2. DONATIONS TO NON-PROFIT ORGANIZATION FOR CHARITABLE EVENTS OR FUND RAISING (INCLUDE LOCATION & DATE OF EVENT, BE SPECIFIC).
- 3. TRADE SHOWS, CONVENTIONS, & CONSUMER TASTING (INCLUDE LOCATION & DATE OF EVENT, BE SPECIFIC).

REPRESENTIVE SIGNATURE

PRODUCT #	DESCRIPTION	SIZE	CASE	BOT.